FORM D

SEC Mail Processing
Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

AUG 292008

vvasnington, DC 111 NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: 3235-	.0076						
Expires: August 31	1, 2008						
Estimated average burd hours per response							
SEC LISE ONL							

DATE RECEIVED

Prefix

Serial

	PROCESSED
Name of Offering (check if this is an amendment and name has changed, and indicate change.) SweetGreen Dupont, LLC	► SEP 1 0 2008
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) SweetGreen Dupont, LLC	18311 8601 1011 8803 1011 1010 1011 1010 1011
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone I 3333 M Street, NW, Washington, DC 20007 (202	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone I (if different from Executive Offices)	Number 08058872
Brief Description of Business: To operate restaurants in leased premises in Washington, DC	
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	other (please specify): limited liability company
Actual or Estimated Date of Incorporation or Organization: Month Year	tual Estimated State:
CN for Canada; FN for other foreign jurisdiction)	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDENTIFICATION DATA
2.	Enter the information requested for the following:
	 Each promoter of the issuer, if the issuer has been organized within the past five years;

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	Managing Member
Full Name (Last name first, if individual)				
Greens Management, LLC				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
3333 M Street, NW, Washington, DC 20				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Zij	(Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	☐ Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
	and Street, City, State, Zip	Code)	Director	Partner
		-	Director	Partner
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	Partner
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)	Beneficial Owner	Executive Officer	☐ Director	Partner
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number	☐ Beneficial Owner and Street, City, State, Zi	Executive Officer		
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number Check Box(es) that Apply: Promoter	☐ Beneficial Owner and Street, City, State, Zi ☐ Beneficial Owner	Executive Officer Code) Executive Officer		
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number	Beneficial Owner and Street, City, State, Zi Beneficial Owner and Street, City, State, Zi	Executive Officer Code) Executive Officer		
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)	Beneficial Owner and Street, City, State, Zi Beneficial Owner and Street, City, State, Zi	Executive Officer Code) Executive Officer Code)	☐ Director	☐ Partner
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number Check Box(es) that Apply: Promoter	☐ Beneficial Owner and Street, City, State, Zi ☐ Beneficial Owner and Street, City, State, Zi ☐ Beneficial Owner ☐ Beneficial Owner	Executive Officer Code) Executive Officer Code)	☐ Director	☐ Partner
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)	☐ Beneficial Owner and Street, City, State, Zi ☐ Beneficial Owner and Street, City, State, Zi ☐ Beneficial Owner ☐ Beneficial Owner	Executive Officer Code) Executive Officer Code)	☐ Director	☐ Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		 _	•	B. IN	FORMAT	ION ABO	UT OFFER	ING				
											Yes	No
1. Has the	***********		Ø									
2. What is	the minimu	ım investme	ent that will	be accepte	d from any	individual?					none	
											Yes	No
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, and a single unit?												
commis a persor states, l	sion or sim to be liste ist the nam	ilar remune d is an asso e of the bro	ration for so ciated perso ker or deale	licitation on on or agent or. If more	ho has been of purchasers of a broker than five (or that broke	s in connect or dealer ro 5) persons	ion with sa egistered wi to be listed	les of securi th the SEC are associa	ties in the o and/or with	offering. If n a state or		
Full Name	(Last name	first, if indi	vidual)									
Business or	r Residence	Address (N	lumber and	Street, City	, State, Zip	Code)		•••				<u>.</u>
Name of A	ssociated B	roker or De	aler	 						· · · · · · · · · · · · · · · · · · ·		
States in W	hich Person	n Listed Ha	s Solicited o	or Intends to	o Solicit Pur	rchasers	 	·			<u></u>	
•	All States" o			-								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[WI]	[WY]	[PR]
Full Name	·	·										
Business of	r Residence	: Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler			<u>.</u>						
					o Solicit Pur							
•												All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	ູ້ ເບັກ	[vrj	[VA]	[WA]	[wv]	[wɪ]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·	<u>.</u>							
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	Broker or De	aler								<u></u>	
States in W	Vhich Perso	n Listed Ha	s Solicited (or Intends t	o Solicit Pu	rchasers	_ 					<u>.</u>
(Check "	All States"	or check inc	lividual Stat	tes)			******************	*************		*************		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS] [OR]	[MO] [PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XX]	[NM] [UT]	[VY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[WY]	[PR]
[1	[~ ~]	(~J		1	(- ·)		-,				. ,	

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•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "6" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	<u>\$</u>			<u>\$</u>
	Equity	\$			\$_
	Common Preferred				_
	Convertible Securities (including warrants)	æ			<u>\$_</u>
	Partnership Interests				<u>\$</u>
	·		000 000		
	Other (Specify limited liability company interests)				\$652,000
	Total	\$	800,000		\$652,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		_21		\$652,000
	Acarcalica investors				4002(000
	Non-accredited Investors		•		<u>\$_</u>
	Total (for filings under Rule 504 only)				
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of		Dollar Amount Sold
	Type of offering		Security		Solu
	Rule 505				
	Regulation A				
	Rule 504				<u></u>
	Total				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		*****		<u>\$_</u>
	Printing and Engraving Costs				\$
	Legal Fees				<u>*</u>
	Accounting Fees				<u>*</u> \$_
	Engineering Fees.				<u>*</u> \$_
	Sales Commissions (specify finders' fees separately)				<u>\$</u>
				☒	\$ 2 <u>0,000</u>
	Other Expenses (identify) legal and organization expenses			<u>⊠</u>	\$ 2 <u>0,000</u> \$ 2 <u>0,000</u>
	Total	• • • • • •		Δ	₽ <u>∠∪,∪∪∪</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	TD U	SE OF	PRO	CEEDS							
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."											
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for exthe purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer the insurance of Part C. Ougstien 4 hashays	to the	;									
	forth in response to Part C - Question 4.b above.		Di	ymen Office recto Affilia	ers, rs, &		Payments to Others					
	Salaries and fees		<u>\$</u>									
	Purchase of real estate		\$				\$					
	Purchase, rental or leasing and installation of machinery and equipment		\$				\$					
	Construction or leasing of plant buildings and facilities	_				\boxtimes	<u>\$280,000</u>					
	Acquisition of other business (including the value of securities involved in this		- -									
	offering that may be used in exchange for the assets or securities of another											
	issuer pursuant to a merger)		<u>\$</u>				<u>\$</u>					
	Repayment of indebtedness		<u>\$</u>				<u>\$</u>					
	Working capital.	\boxtimes	\$500	,000			<u>\$</u>					
	Other (specify):						<u>\$</u>					
	Column Totals	⊠	\$500	.000		Ø	\$280 <u>,000</u>					
	Total Payments Listed (column totals added)		<u> </u>	_		^						
	Total Faymens Listed (commit totals added)			• -	<u>\$ 780,</u>	<u> </u>	 					
-	D. FEDERAL SIGNATURE						· · · · ·					
si	he issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule	ımiss	ion, up	led ur on wi	nder Rule ritten req	505, tuest of	the following fits staff, the					
	suer (Print or Type) weetGreen Dupont, LLC Signature			Date Au	e gust ノコ	200, رــا	8					
N	ame of Signer (Print or Type). Alcolas Ammet Principal of Managing Member											

E. STATE SIGNATURE								
The issuer has read this notification and knows the person.	contents to be true and has duly caused this notice to be signed	on its behalf by the undersigned duly authorized						
Issuer (Print or Type) SweetGreen Dupont, LLC	Signature Mundand	Date August 27,2008						
Name of Signer (Print or Type) NICOLOS Jammet	Title of Signer (Print or Type) Principal of Managing Member							

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				API	PENDIX					
1	2	2	3	· · · · · · · · · · · · · · · · · · ·	· =	4		5	;	
	non-acc	o sell to credited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
	Traitio	item 1)	(rare-nem r)	Number of		Number of Non-		(Part E-		
Stata	Yes	No	(1)	Accredited Investors	Amount (2)	Accredited Investors	Amount	Yes	No	
State AL	163	140	(1)	101010	111104114 (2)					
AK						 				
AZ							 	 		
AR							· · · · · · · · · · · · · · · ·	 		
CA	 	×	(1)	7	\$210	 				
СО			, , , , , , , , , , , , , , , , , , , 				· · · · ·			
CT					<u></u>					
DE										
DC	1	×	(1)	4	\$162					
FL		Х	(1)	1	\$32					
GA										
HI								<u> </u>		
ID										
IL										
IN										
IA								ļ		
KS								<u> </u>		
KY								<u> </u>		
LA							- · · · ·	<u> </u>		
ME		1						<u> </u>		
MD		×	(1)	1	\$16					
MA	<u> </u>	Х	(1)	1	\$16			<u> </u>	<u> </u>	
MI							· · · · · · · · · · · · · · · · · · ·	<u> </u>	ļ	
MN	ļ	ļ						-		
MS										

^{(1) \$800,000} aggregate amount of limited liability company interests (2) In thousands

	APPENDIX											
1	Intend non-ac investor	to sell to credited s in State 3 Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pur (Part (Disqual under ULOE attach ex of waiver	ification r State (if yes, planation r granted) -Item 1)				
State	Yes	No		Number of Accredited Investors	Amount (2)	Number of Non- Accredited Investors	Amount	Yes	No			
МО								_	<u> </u>			
MT												
NE												
NV		Х	(1)	2	\$112							
NH												
NJ							· · · · · · · · · · · · · · · · · · ·					
NM												
NY		Х	(1)	5	\$104							
NC						,						
ND												
ОН												
ОК												
OR												
PA												
RI									<u> </u>			
SC									<u> </u>			
SD												
TN												
TX												
UT									<u> </u>			
VT												
VA												
WA												
WV												
WI												
WY												
PR												
FN												

^{(1) 800,000} aggregate amount of limited liability company interests(2) In thousands

